

Name
in
Full

Lawrence Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Doppa</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u>	<u>6</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>68</u>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>Labourer Farm</u>	Where Residing if not at place of death <u>Doppa</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Philip Fitzpatrick</u>	How related to decedent <u>No relation</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Falling in water</u>	How long <u>16^h</u>
	Immediate <u>Suffocation</u>	How long <u>immediate</u>
	Are the name, age, sex, color, date and place correctly given above? <u>as far as able to ascertain</u>	Signature of Physician <u>Chas. E. Lernerwell (Coroner)</u>
Accident or Suicide <u>Accident</u>	Address <u>Mountain P.O., Harford Co., Md.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry W. Archer				County		Harford		MARYLAND				
Died at		Bel Air		Town								
Date of death	1910	Month	June	Day	15	Age	Years	54	Months	8	Days	-
Sex	Male		Color or Race	White		Birth-place	Bel Air					
Occupation	Lawyer		Color or Race	White		Where Residing if not at place of death	-					
Married, Single or Widowed	Married		Name of Wife or Husband	Hannah Lee Archer								
Father's Name	Henry W. Archer					Father's Birthplace	Harford Co.					
Mother's Maiden Name	Mary L. Walker					Mother's Birthplace	Chestertown Md					
Name of person giving information	William J. Archer					How related to deceased	Brother					

CAUSES OF DEATH

Primary	Chronic Nephritis	120	How long	15 years
Immediate			How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

William J. Archer

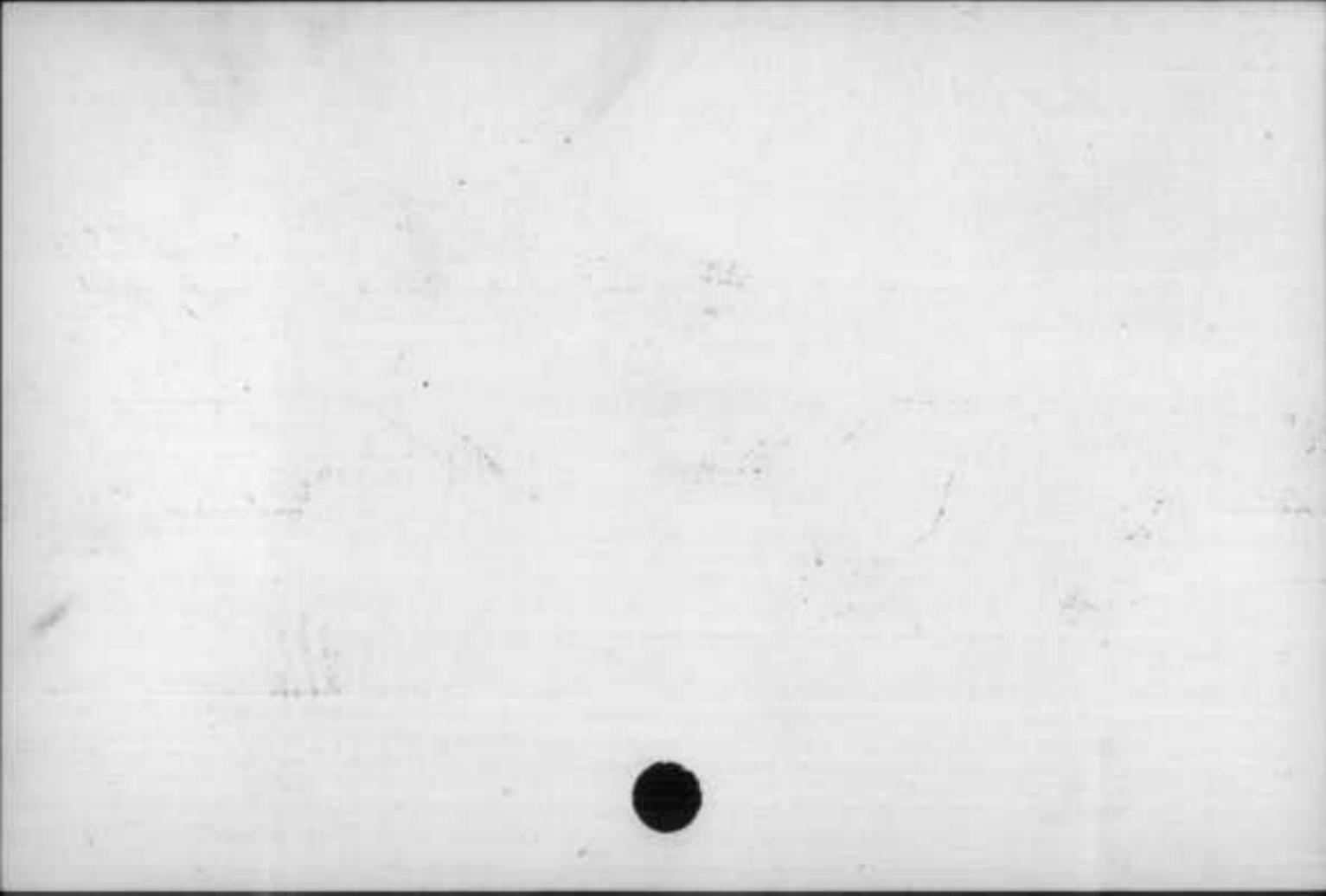
Address

Bel Air

Accident or Suicide?

X

Md



Name
in
Full

Eliza J. Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pylesville* Town *Harford* County **MARYLAND**

Date of death 19*00* Year *June* Month *2* Day Age *87* Years Months Days

Sex *Female* Color or Race *White* Birth-place *md.*

Occupation *House wife* Where Residing if not at place of death *Pylesville md.*

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Baldwin*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *John Swift* How related to decedent *Brother-in-law*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Old age* How long

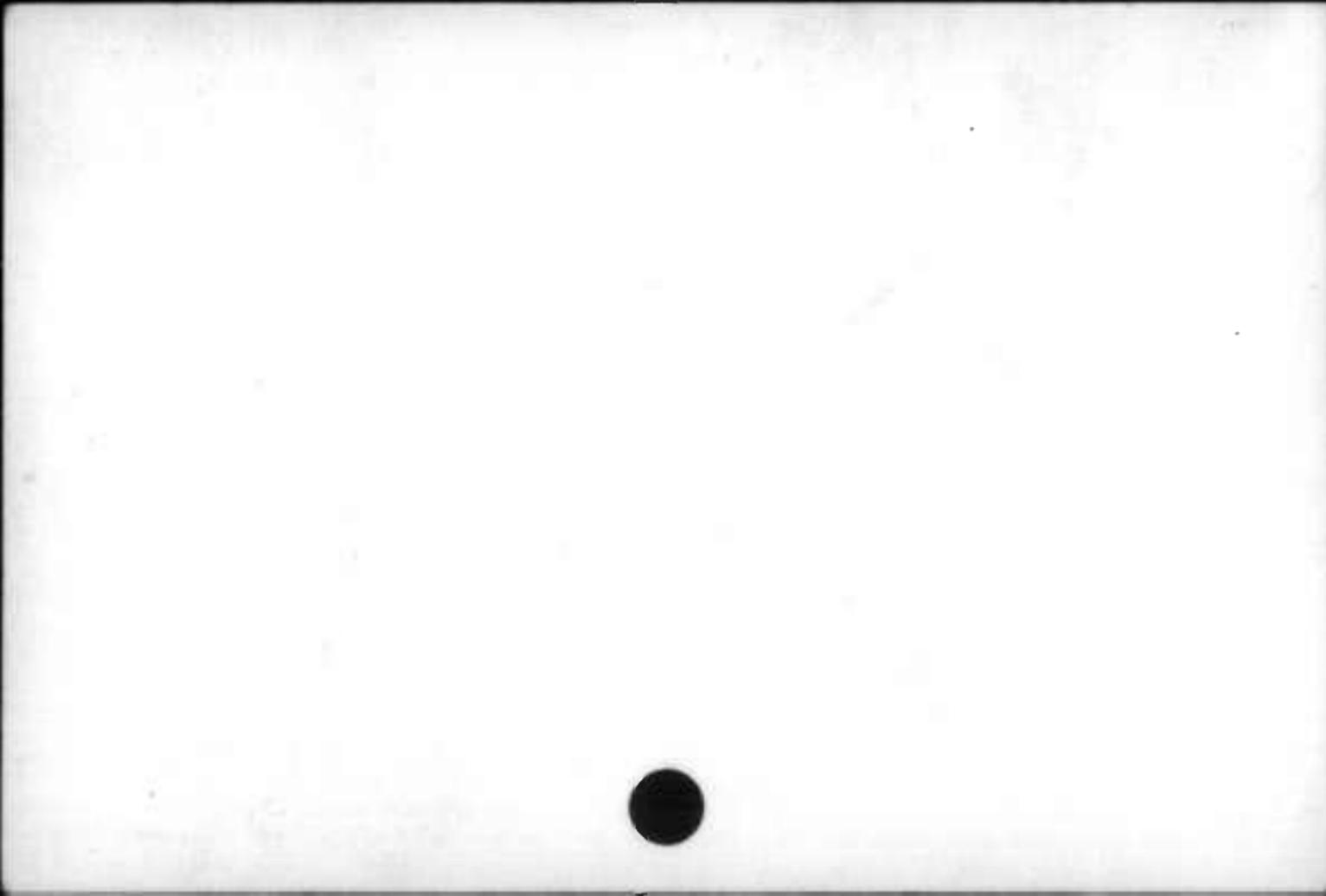
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. W. Farrow*

Address *Street md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

George C. Barclay

Town

County

MARYLAND

Died at

Tappa

Harford

Date

Month

Day

Years

Months

Days

of death

1900

June

21

Age

34

—

—

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Mechanic

Where Residing if not
at place of death

same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Marcus C. Barclay

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Anna F. White

Mother's
Birthplace

" "

Name of person giving
information

Anna F. Barclay

How related
to deceased

mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Two years or more

Immediate

General debility

How long

18 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. Keyser, M.D.

Address

Tappa

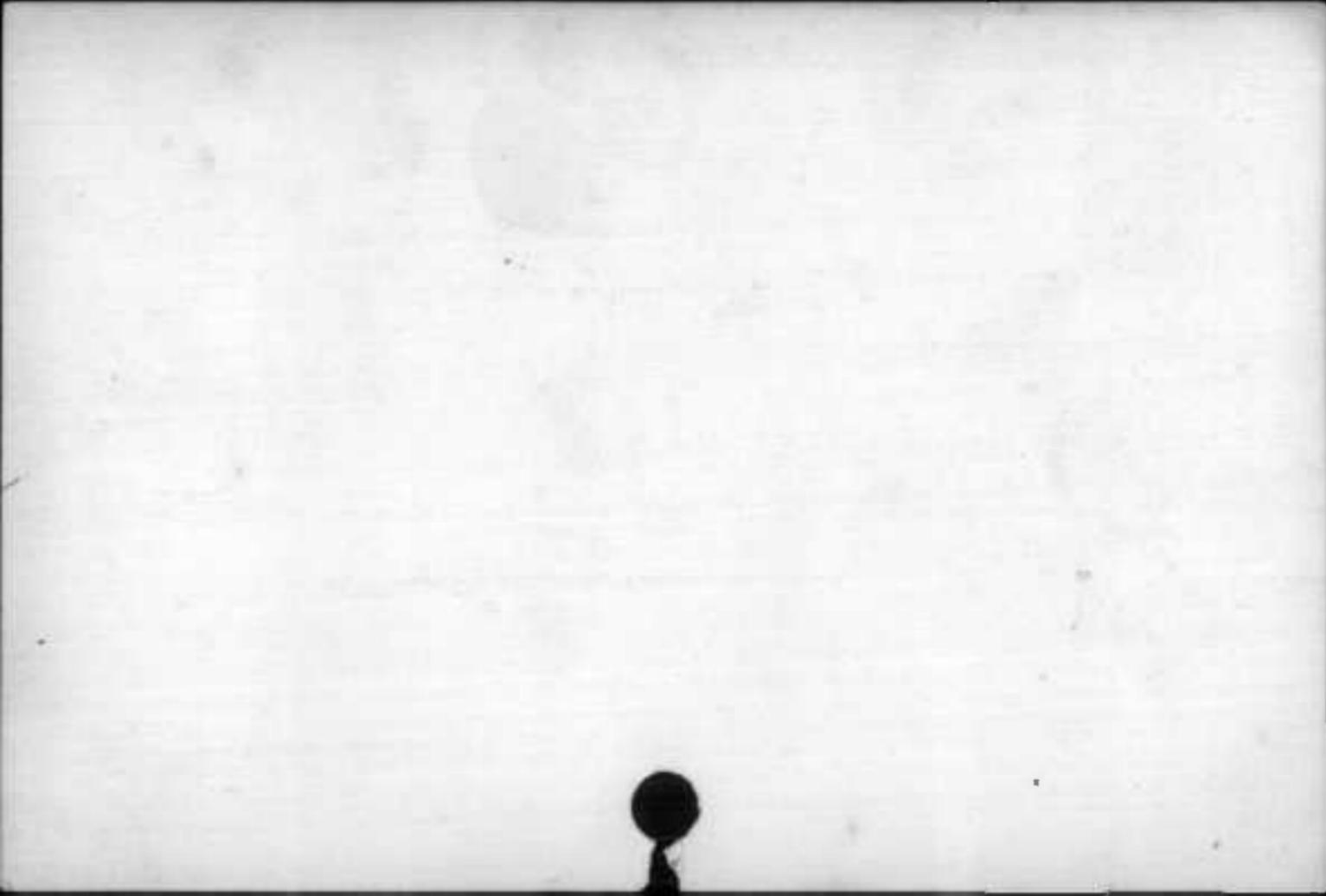
Accident or Suicide?

No

X

Med

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Amelia Briney

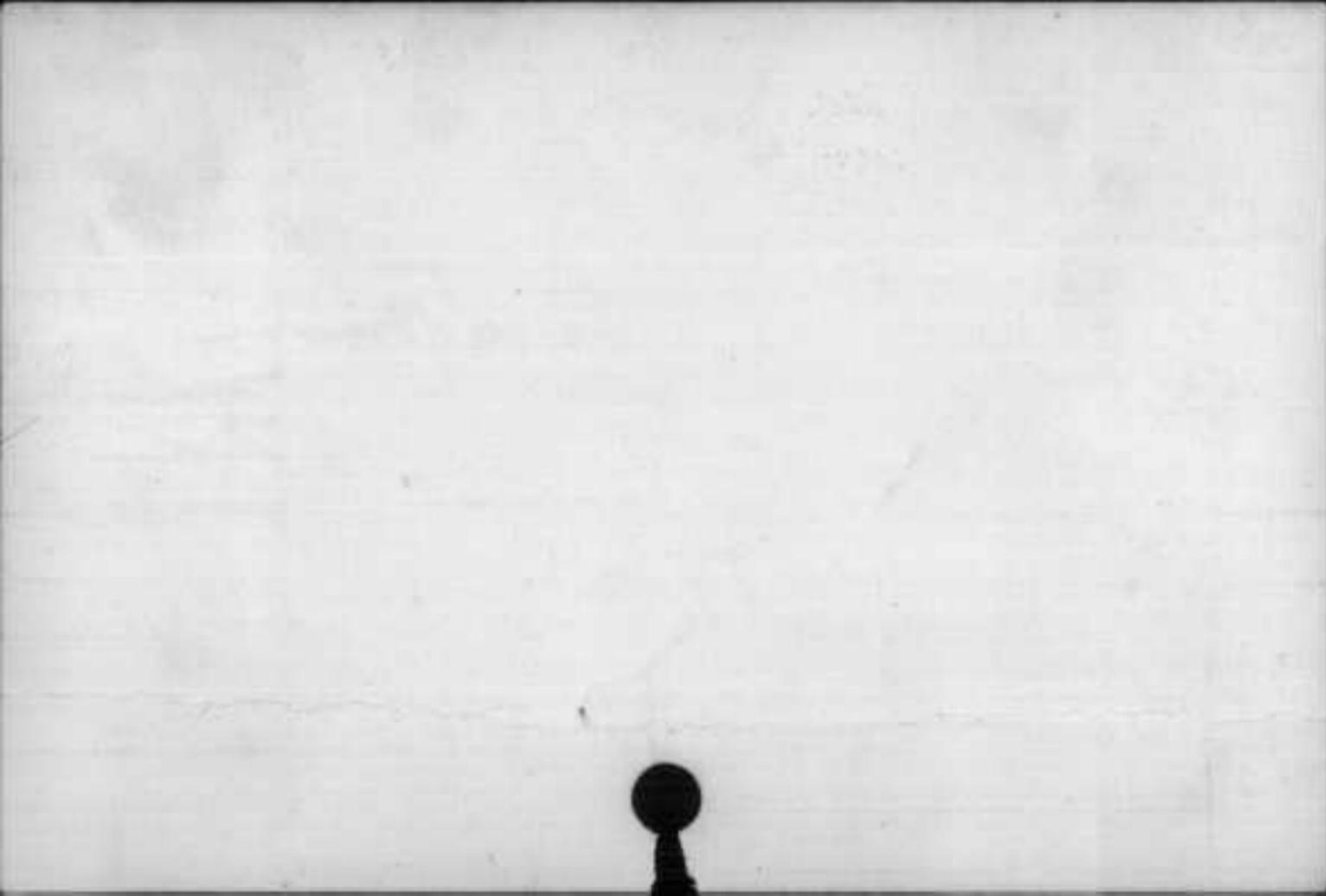
CERTIFICATE OF DEATH

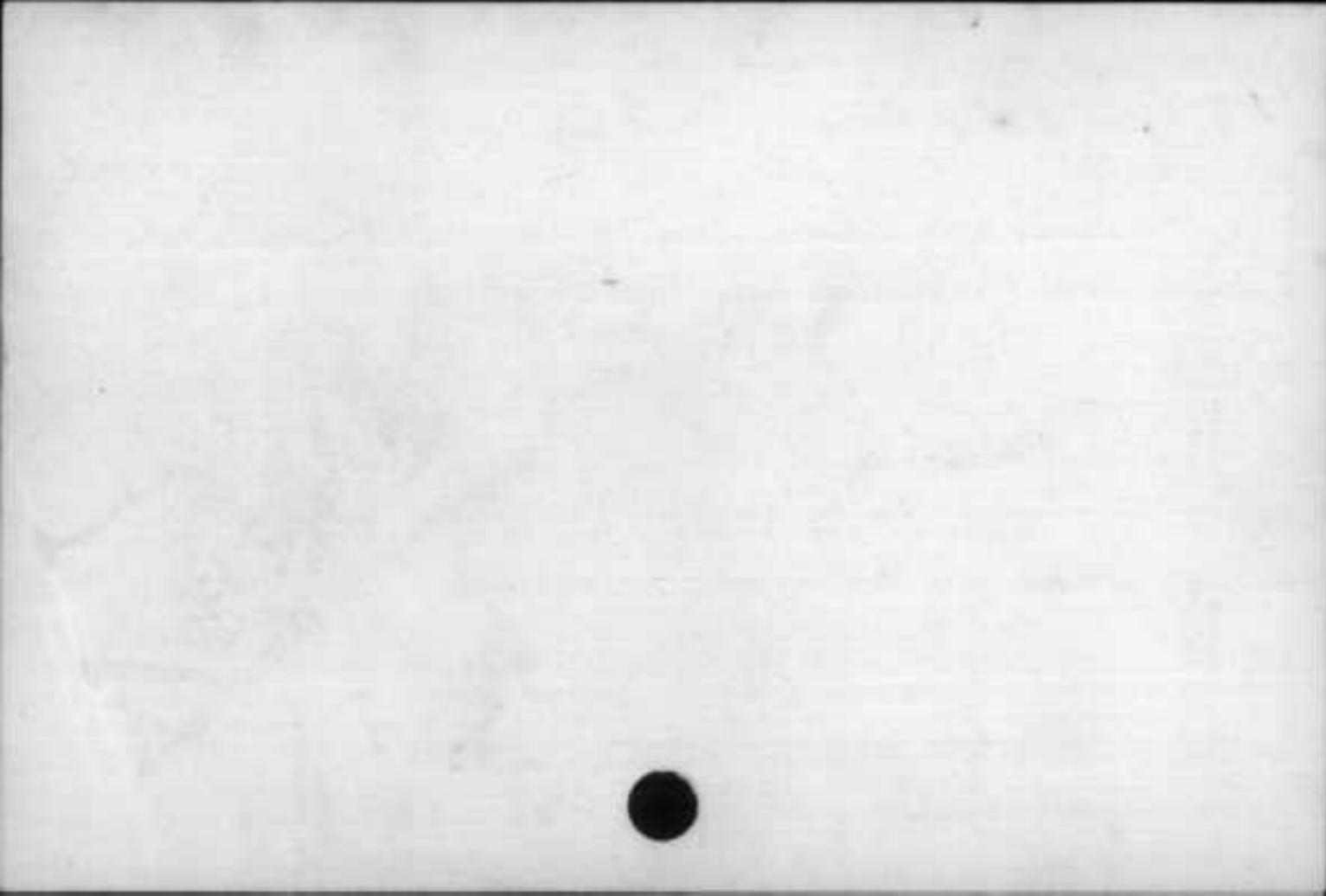
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Webster ^{own}		Harford ^{County}		MARYLAND	
Date of death	1910	Month	June	Day	13	Age	64 ^{Years}
Sex	female	Color or Race	White	Birth-place	Maryland		
Occupation	housewife		Where residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband John E. Briney					
Father's Name	John T. Evans		Father's Birthplace		Maryland		
Mother's Maiden Name	Ellen R. Watson		Mother's Birthplace		Maryland		
Name of person giving information	Victoria Treadway.		How related to deceased		daughter.		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Abdominal Carcinoma	How long	4 months
	Immediate	General & Constitutional debility	How long	-
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Squish M.D.
	Address	Base de France Md.		
Accident or Suicide?	A			





Name
in Full

Sydney Hamilton Cromwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Rutledge		County Harford		MARYLAND	
Date of death	1940	Month	June	Day	20
Age	Years		Months	Days	
Sex	male	Color or Race	negro	Birth-place	Rutledge, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Albert T. Cromwell			Father's Birthplace	Harford Co.
Mother's Maiden Name	Mary E. Harrison			Mother's Birthplace	Balto. City
Name of person giving information	Mary E. Cromwell			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	(5)
Immediate	How long	
Still Born.		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
		F. E. Rigdon M. D.
		Jarrettsville, Md.
Accident or Suicide?		



Name
in
Full

Beckie Heaps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cardiff ^{County} Horford **MARYLAND**

Date of death 1940 ^{Month} June ^{Day} 19 Age 57 ^{Years} 57 ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place Ind

Occupation Music Teacher Where Residing if not at place of death Ind

~~Married, Single~~ or ~~Widowed~~ Name of Wife or Husband Archibald Heaps (79) Father's Birthplace Ind

Father's Name Archibald Heaps (79) Mother's Birthplace Pa

Mother's Maiden Name Sarah. Coulson How related to deceased Brother

Name of person giving Information Wm. Heaps

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mental insufficiency How long 6 months

Immediate Neuralgia How long 10 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. E. C. C. C. Address Walden Pa

Accident or Suicide

Waco, Tex

June 21/18

Name
In
Full

Henry Hewitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Bel Air</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death	<i>19</i>	^{Month} <i>June</i>	^{Day} <i>22</i>	^{Age} <i>42</i>	^{Years} <i>42</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind</i>
Occupation	<i>Servant</i>		Where residing if not at place of death	<i>Bel Air Ind</i>	
Married: Single or Widowed	<i>Single</i>	Name of Wife or Husband	_____		
Father's Name	<i>Unknown</i>			Father's Birthplace	_____
Mother's Maiden Name	<i>Ellen Huff</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Maconda Jenkins</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	How long	<i>2 years</i>
Immediate	<i>Embolic of Liver</i>	How long	<i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robert S Page</i>		
	Address <i>Bel Air</i>		
Accident or Suicide?	_____		



Name
in
Full

Mrs. Maria Jane James.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at *Churchville* Town *Hargford* County **MARYLAND**

Date of death **1901** Month *June* Day *13* Age *74* Years Months *6* Days *25*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Charles H. James.*

Father's Name *Joseph Reed Coale.* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Ann Watson* Mother's Birthplace *Maryland*

Name of person giving Information *J. B. H. James.* How related to deceased *Son.*

CAUSES OF DEATH
92

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *1 week*

Immediate *Exhaustion* How long

Are the name, age, sex, color, data and place correctly given above? Signature of Physician *James W. Kennedy*

Address *Abden Md*

Accident or Suicide

Amelia Chaplin

June 16, 1910

Name in Full

W. H. C. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

ix

Died at Street Town Harford. County MARYLAND

Date of death 1960 June Month 7 Day Age 57 Years Months Days

Sex Male Color or Race White Birth-place Ind

Occupation Farmer Where Residing if not at place of death

Married, Wid Name of Wife or Husband Theresa Norris

Father's Name Matthew Norris Father's Birthplace Ind.

Mother's Maiden Name Susana Giffon Mother's Birthplace Ind

Name of person giving Information Theresa Norris How related to deceased Wife

CAUSES OF DEATH

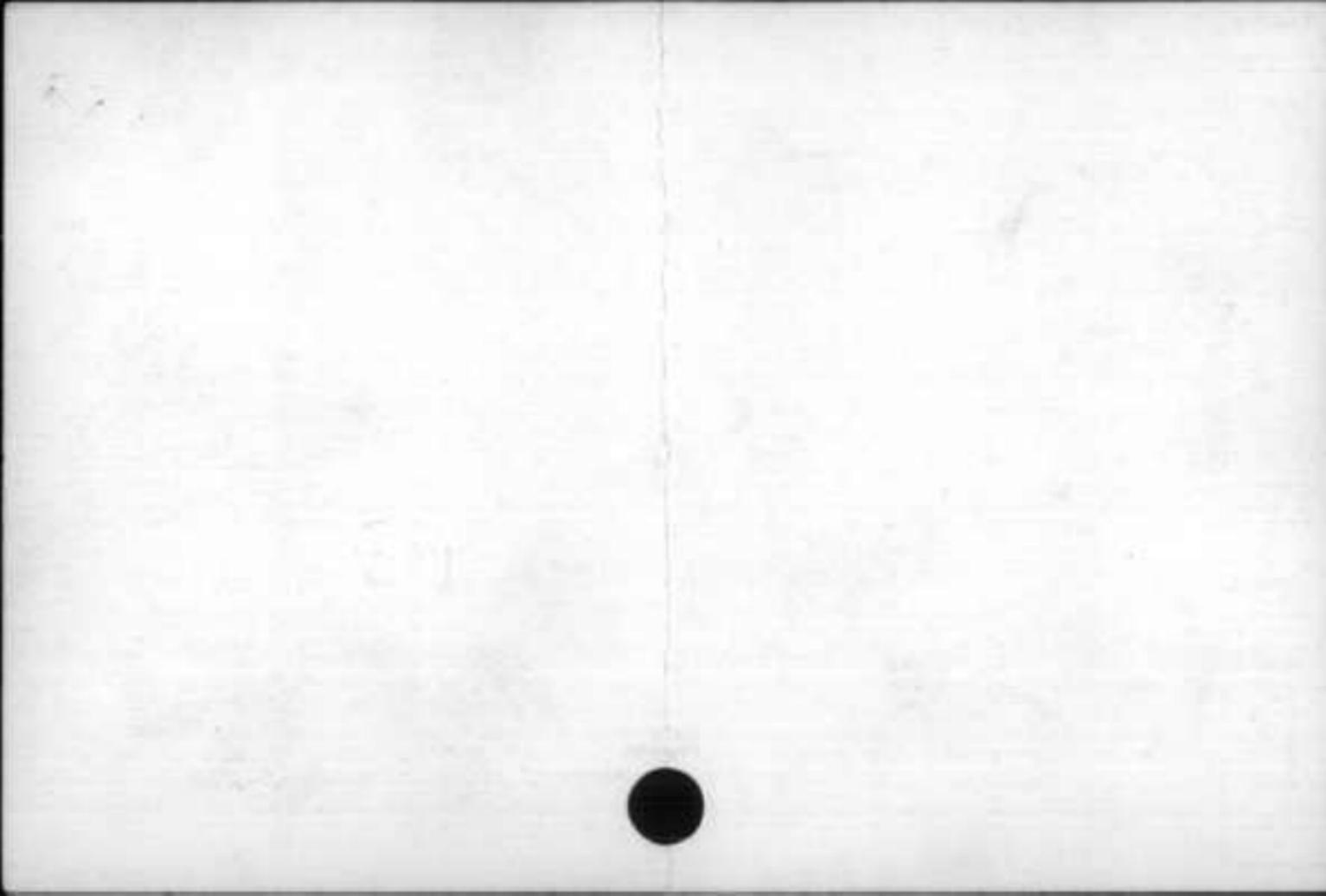
(28)

Primary Pulmonary Tuberculosis How long
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician [Signature]
Address [Signature]

Accident or Suicide 2d



Name
in
Full

Stephen Henry, Presbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bagley</u> <small>Town</small>		<u>Hanford</u> <small>County</small>		MARYLAND	
Date of death 19 <u>50</u> <small>Year</small>		<u>June</u> <small>Month</small>	<u>9</u> <small>Day</small>	<u>74</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Hanford Co. Md.</u>	
Occupation <u>Well Digger</u>		Where Residing if not at place of death <u>Bagley Md.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>E. J. F. Presbury</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>E. J. F. Presbury</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

Primary	<u>Nephritis Chronic Cardiac Dil.</u>	How long <u>120</u> <small>Years</small>
Immediate	<u>Uræmia</u>	How long <u>24 hours</u>

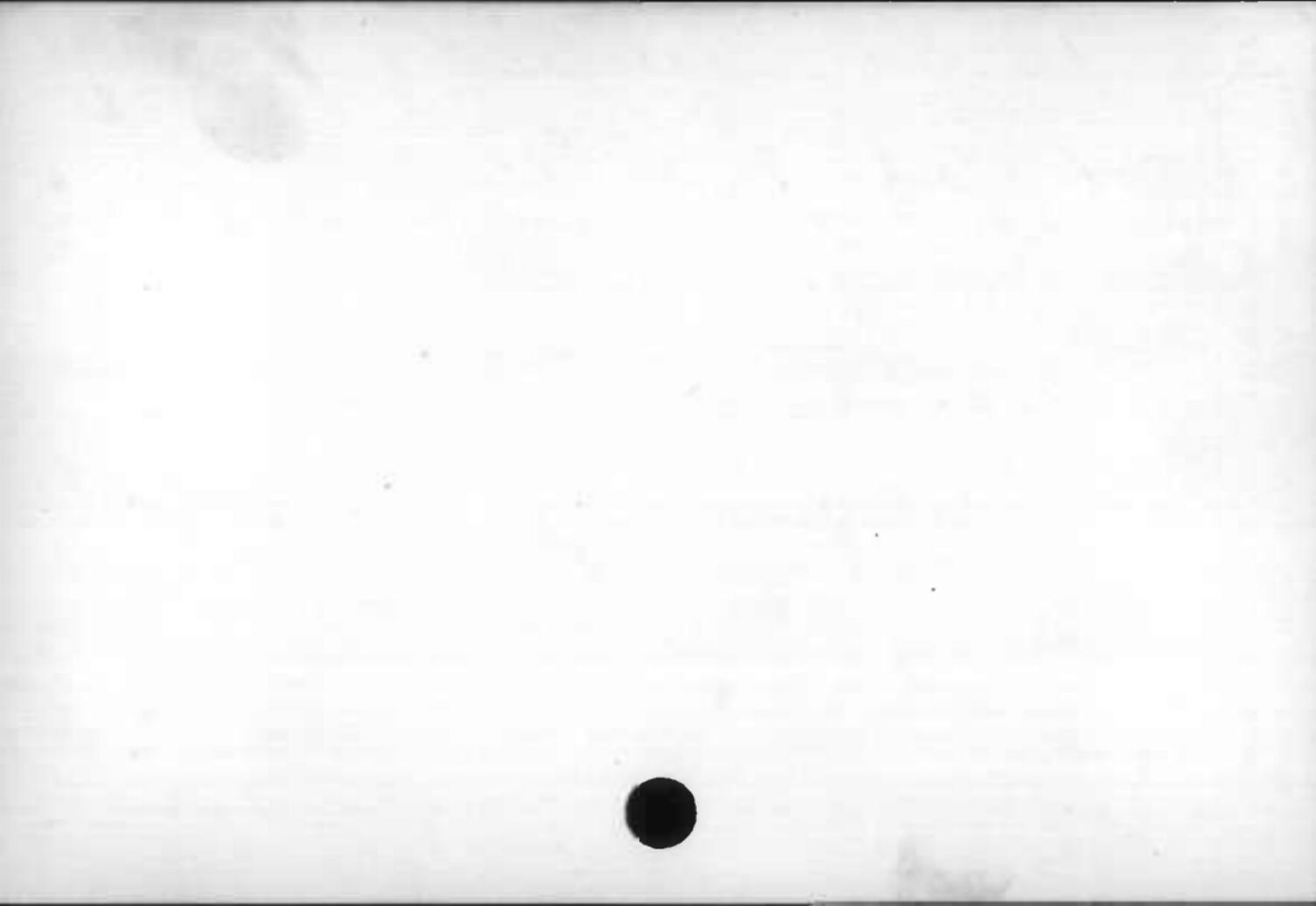
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Rumelle P. Duppington
Bel Air
Md.

Accident or Suicide



Name
in Full

Robert LaTuc Rowe

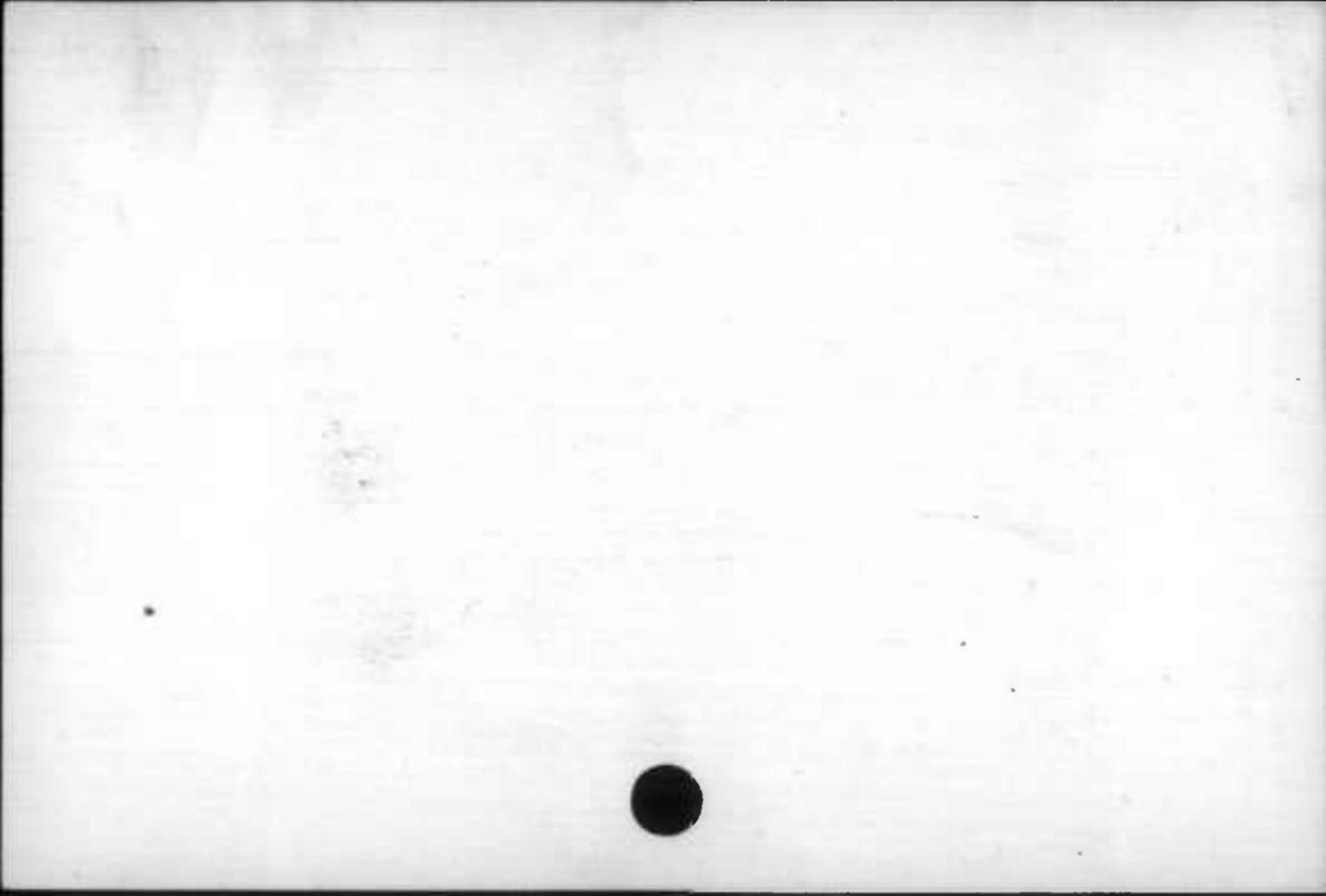
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Abedeen</i> <small>Town</small>		<i>Harford Co</i> <small>County</small>		MARYLAND	
Date of death <i>4/8/80</i>	<i>6</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>10</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>2 1/2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Medon Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Robert L. Rowe</i>	Father's Birthplace <i>Wade Md</i>		Mother's Birthplace <i>Beury Md</i>		
Mother's Maiden Name <i>Emma Margaret Jacoby</i>	How related to deceased <i>Father</i>				
Name of person giving Information <i>R. G. Rowe</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Convulsions</i>	How long <i>2 days</i>
	Immediate <i>Exhaustion</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. St. Kriete</i>
	Address <i>Abedeen Md</i>	
Accident or Suicide <i>—</i>		



Name
in Full

CERTIFICATE OF DEATH

Mary A. Shepherd

Town

County

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Churchville Johns Hopkins Maryland

Months

Days

Date of death 1910 June 30th Age 69

Sex Female Color or Race White Birthplace Lancaster Co., Pa

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Jacob Shepherd Father's Birthplace Lancaster Co., Pa

Mother's Maiden Name Mary Irwin Shepherd Mother's Birthplace Charles Co., Pa

Name of person giving information How related to deceased

CAUSES OF DEATH

189 A

PHYSICIAN
OR CORONER

Primary Unknown How long

Immediate Angina Pectoris How long 3 days

Are the name, age, sex, etc., or date and place correctly given above?

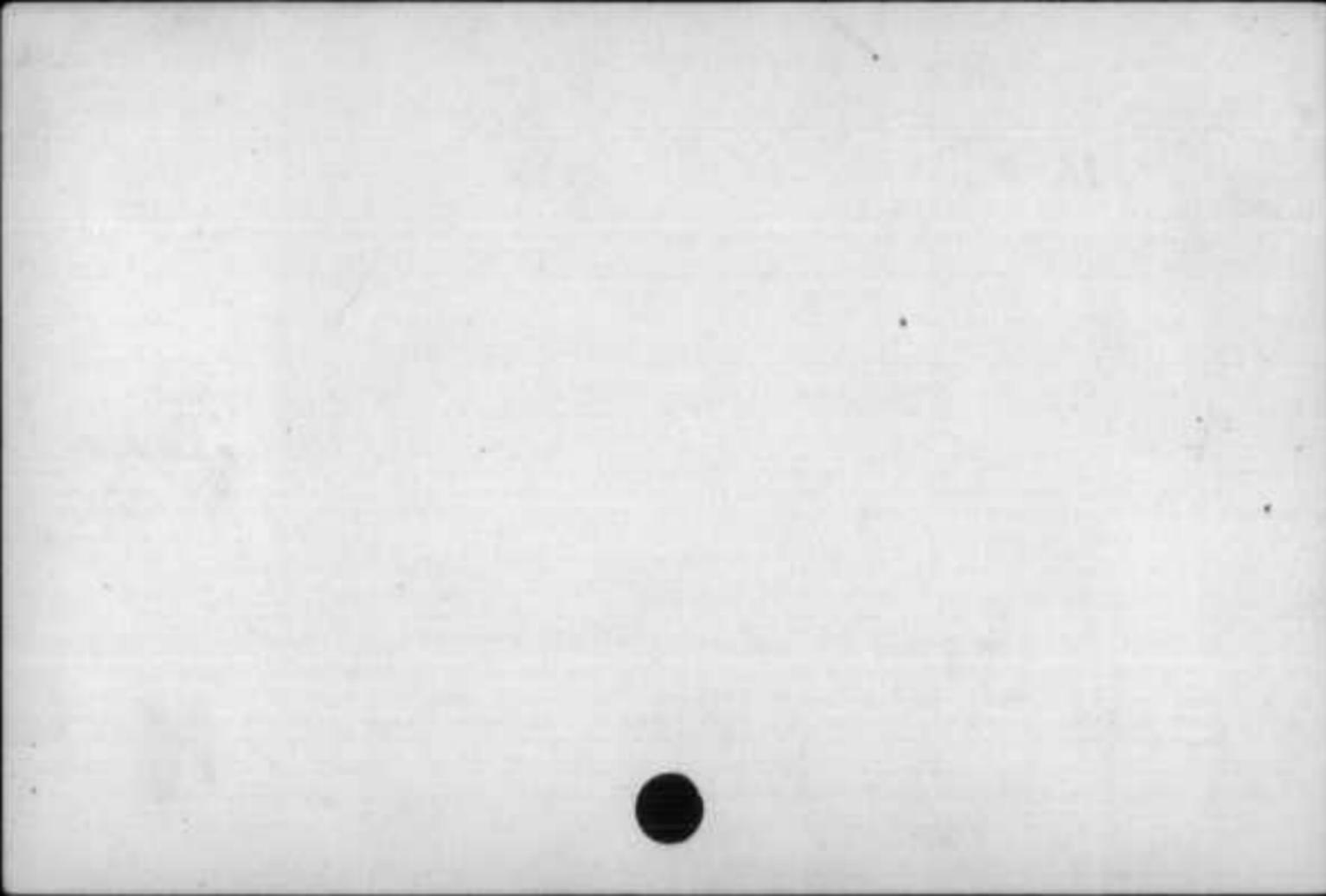
Signature of Physician J. H. Roberts

Address Churchville

Yes

Accident or Suicide?

May Land



Name
in Full

Ervin Kirk Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>farrettsville</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>June</i>		Day <i>9.20</i>		Year <i>5-4</i>		Months <i>1</i>	
Age <i>2 a.m.</i>		Days <i>25-</i>		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>	
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>South Delta, Ind.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margaret Carter</i>							
Father's Name <i>Archibald Vickers</i>		Father's Birthplace <i>Pa.</i>							
Mother's Maiden Name <i>Sarah Ann Otto</i>		Mother's Birthplace <i>Ind.</i>							
Name of person giving information <i>Geo. W. Vickers</i>		How related to deceased <i>Brother</i>							

CAUSES OF DEATH

Primary <i>Premature Blast of Dynamite</i>		How long <i>Immediate.</i>	
Immediate <i>Dislocation of neck.</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. E. Rigdon M.D.</i>	
Accident or Suicide <i>accident</i>		Address <i>farrettsville, Ind.</i>	

PHYSICIAN
OR CORONER



Name
In
Full

Gilbert Walbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Madonna</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>19</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>28</u> <small>Year</small>	Age	<u>—</u> <small>Months</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Madonna Md.</u>
Occupation	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>Wm Emory Walbeck</u>		Father's Birthplace	<u>Harford Co.</u>	
Mother's Maiden Name	<u>Ada Veretta Griffin</u>		Mother's Birthplace	<u>Howard Co.</u>	
Name of person giving information	<u>H. E. Walbeck</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born.</u>	How long	<u>(S)</u>
Immediate		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>F. E. Rigdon M.D.</u>
		Address	<u>Jarrettsville Md.</u>
Accident or Suicide?			



Name
in
Full

Alice I. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harris Grace</i>		Town <i>Harris Grace</i>		County <i>Harris</i>		State <i>MARYLAND</i>	
Date of death	19 <i>60</i>	Month <i>June</i>	Day <i>5</i>	Age <i>1</i>	Years <i>10</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harris Grace Md</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Joseph H. Ward</i>	Father's Birthplace <i>Harris Grace Md</i>						
Mother's Maiden Name <i>Ella Bernard</i>	Mother's Birthplace <i>Harris Grace Md</i>						
Name of person giving Information <i>Joseph H. Ward</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary <i>Traumatic Injury</i>	How long <i>3 days</i>
Immediate <i>Convulsions</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. W. Steiner</i>
	Address <i>Harris Grace Md</i>
Accident or Suicide	<i>x</i>

PHYSICIAN
OR CORONER



Name
in
Full

Agnes Whalen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lapidum</u> ^{Town}		<u>Hayford Co</u> ^{County}		MARYLAND	
Date of death	<u>1900</u>	Month <u>June</u>	Day <u>3</u>	Age <u> </u>	Months <u>1</u> Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lapidum</u>		Occupation <u> </u>	
Married, Single or Widowed <u>Single</u>		Where Residing if not at place of death <u>Same</u>			
Name of Wife or Husband <u> </u>		Father's Name <u>James Whalen</u>		Father's Birthplace <u>Hayford Co Md</u>	
Mother's Maiden Name <u>Gertrude Parsons</u>		Mother's Name <u> </u>		Mother's Birthplace <u>Balto Md</u>	
Name of person giving information <u>James Whalen</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u> </u>	How long <u> </u>
Immediate <u>Suffocated in bed</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J Lee Perkins</u>
	Address <u>Harrods Grove</u>
Accident or Suicide? <u>X</u>	<u>Md</u>



Name
in
Full

Emily P White

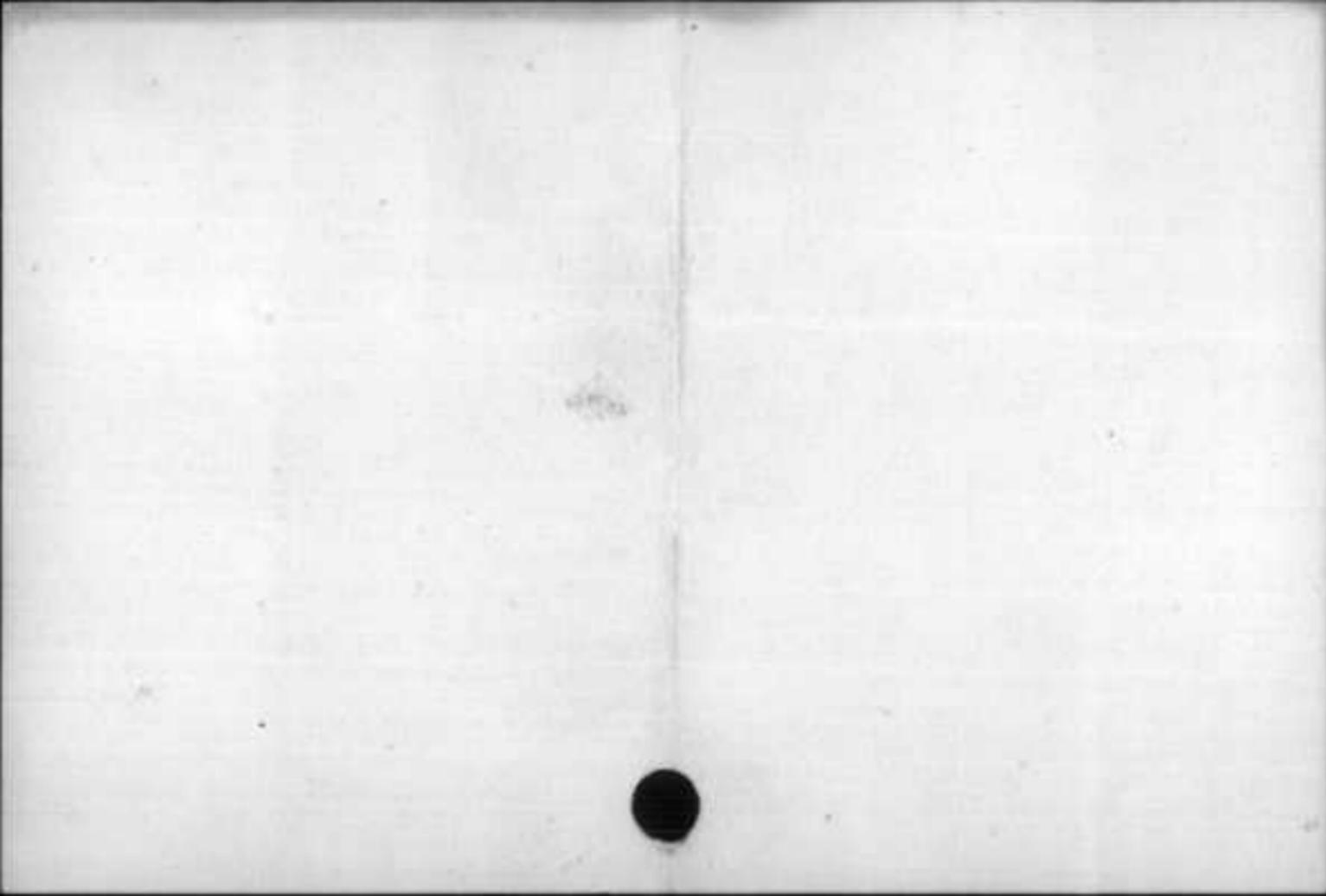
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pool</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>1960</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>49</u> <small>Years</small>	<u>9</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Balvert Co. Md.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>George White.</u>		
Father's Name	<u>John Price</u>		Father's Birthplace	<u>Balvert Co. Md.</u>	
Mother's Maiden Name			Mother's Birthplace	<u>Price George Co.</u>	
Name of person giving information	<u>Marie Price</u>		How related to deceased	<u>Daughter.</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Rheumatism</u>	How long	<u>(17) One year.</u>	
	Immediate	<u>Endocarditis</u>	How long	<u>Two weeks</u>	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>J. H. Trias,</u>	
	Address		<u>Darlington, Md.</u>		
Accident or Suicide?	<u>X</u>				



Name
In
Full

No Name Wildason

CERTIFICATE OF DEATH

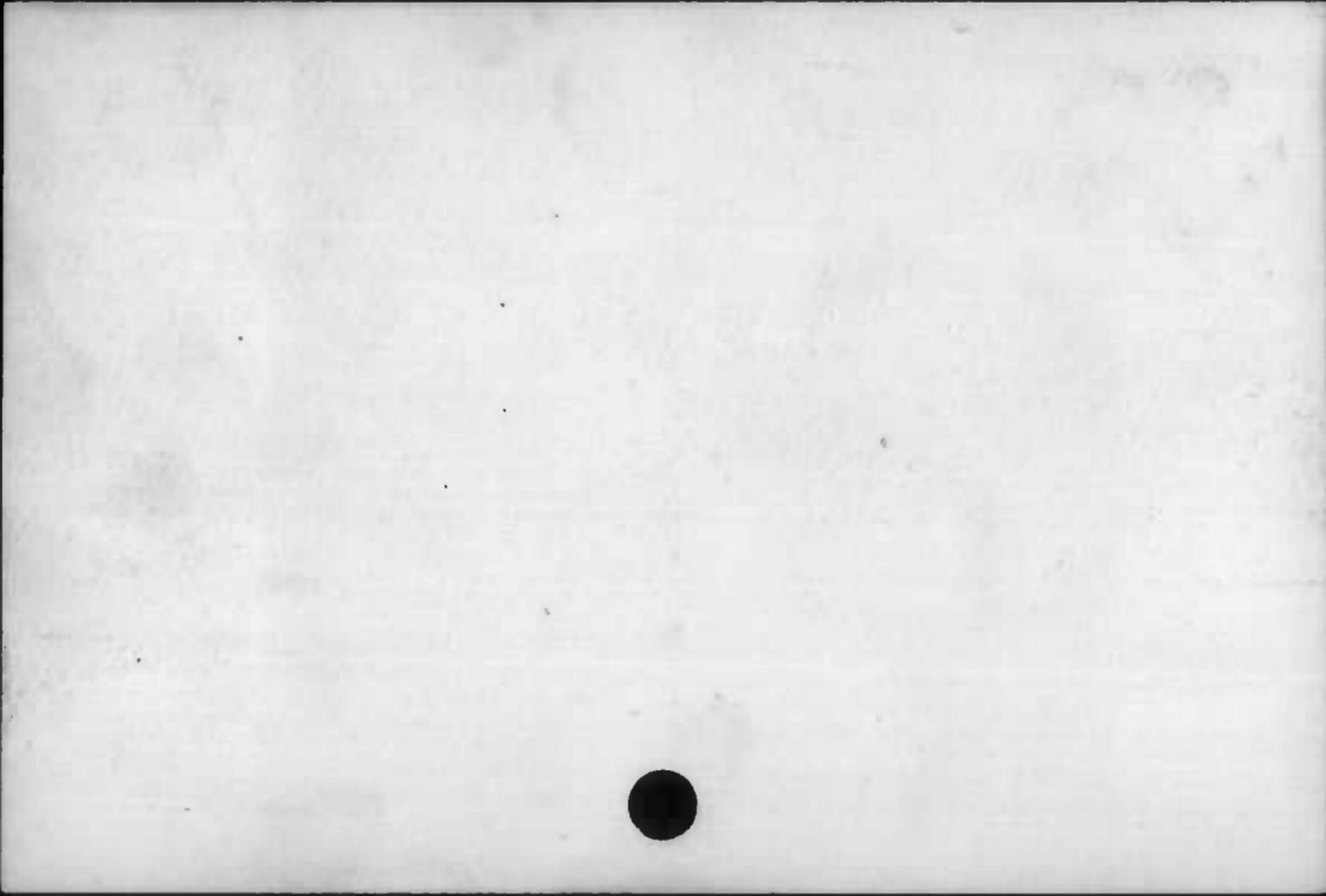
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} - 3rd air		^{County} Harford		MARYLAND	
Date of death 1940	Month 6	Day 9	Age Stillborn	Years None	Months None
Sex Male	Color or Race White		Birth-place Baltimore		
Occupation Infant	Where Receiving if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name William Wildason	Father's Birthplace Baltimore				
Mother's Maiden Name Edith Cap	Mother's Birthplace Baltimore				
Name of person giving information Dr C Atkinson Smith	How related to deceased		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	Aphyxiation	How long	immediate
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Stillborn	Signature of Physician	C Atkinson Smith
		Address	
Accident or Suicide?			



Name
in
Full

Mrs Mary Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mountain</u>		County <u>Hager</u>		MARYLAND	
Date of death 19 <u>0</u> ¹⁰	Month <u>June</u>	Day <u>28</u>	Age <u>84</u>	Months <u>1</u>	Days <u>3</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Dublin Ireland</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Mountain</u>				
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed	Name of Wife or Husband <u>William M Williamson</u>				
Father's Name <u>Edwara Gordon</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Margaret Wallace</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving Information <u>Mrs Melville Hall</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary <u>Tumor of neck (fibrous)</u>	How long <u>seven months</u>
Immediate <u>Heart failure + exhaustion</u>	How long <u>two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Charles Bagley</u>
	Address <u>Bagley; Md.</u>
<u>Accident or Suicide</u>	

PHYSICIAN
OR CORONER

